

Clinical Characteristics of Patients with Recurrent Aphthous Stomatitis

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ABSTRACT

Background: Recent studies indicate that oral health of the human population, unfavorable trends persist. Despite several researches conducted both in Uzbekistan and abroad, the etiology and pathogenesis of recurrent aphthous stomatitis remains unexplained. The aim of the study is to assess the clinical status of patients with recurrent aphthous stomatitis and develop a method of treatment and prevention. **Methods:** 106 patients with recurrent aphthous stomatitis were diagnosed. The frequency of exacerbations of RAS ranged from 1 to 4 or more relapses per year, the duration of the disease was more than one year. **Results:** 72.2% of cases (44 people) were women aged 18-29 years, among men a greater number of complaints - 17 (27.8% cases). Disease duration of recurrent aphthous stomatitis in the patients participating in the study averaged 5.17 ± 0.38 years. 41 people suffered from RAS 1 to 3 years. In 38 patients, the disease duration ranged from 3.1 to 5 years, in 12 people, RAS was observed from 5.1 to 7 years, 15 patients suffered from the pathology under study for more than 7 years. **Conclusions:** Timely early diagnosis of RAS is not only completely cure for patient, avoid complications, but also revise the low efficiency of traditional methods of the treatment.

Keywords: Recurrent aphthous stomatitis, oral health, disease duration, relapse, traditional methods.

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INTRODUCTION

Modern social and medical studies indicate that the health of the human population (including dental), in recent decades, unfavorable trends persist. Despite numerous studies conducted both in our country and abroad, the etiology and pathogenesis of recurrent aphthous stomatitis remains unexplained. A significant increase in the current prevalence of relapsing aphthous stomatitis, affecting from 20 to 60% of the population, draws attention to this serious problem of practical dentistry. Over the past 15 years, scientists all over the world have done a great deal of research on the etiopathogenesis, prevalence, intensity of the course of RAS and proposed various methods for treating this disease.^[1,3,5] However, in the end, it is not completely determined what factors contribute to the development of this disease, and which play a dominant role in the pathogenesis of recurrent aphthous stomatitis (RAS). Therefore, despite the large number of studies on the etiopathogenesis of the RAS, an additional method of studying this pathology has not been developed. Moreover, there are certain contradictions in the interpretation of research results.^[2,7]

The etiology and pathogenesis of chronic recurrent aphthous stomatitis is not completely understood. It has been established that a significant role in the pathogenesis of chronic inflammatory processes belongs to the state of microbiocenosis of the oral mucosa.^[4,5] Its participation in the processes of metabolism, synthesis of vitamins, formation of the immune status and nonspecific resistance has been proven.

The purpose of the study is to assess the clinical status of patients with recurrent aphthous stomatitis and develop a method of treatment and prevention.

MATERIALS & METHODS

The study included 106 patients with recurrent aphthous stomatitis. All patients were examined and received treatment at the Department of Therapeutic Dentistry of Bukhara State Medical Institute. In all patients, the frequency of exacerbations of RAS ranged from 1 to 4 or more relapses per year, the duration of the disease was more than one year. Selection of patients was carried out by random sampling during treatment. 27 men (25.5%) and 79 women (74.5%) aged 18 to 53 years were examined. The average age of patients was 28.63 ± 1.14 years.

RESULTS & DISCUSSION

The data of distribution of patients according to the gender and age is presented in [Table 1].

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Among the examined patients, 72.2% of cases (44 people) were women aged 18-29 years, among men a greater number of complaints - 17 (27.8% cases) - were recorded in the same age group. In general, in all age groups, women turned to dentist significantly more often.

Table 1: Distribution of patients with RAS by age and sex

Age	Patients		Men		Women	
	Abs	%	abs	%	abs	%
18-29	61	57,5	17	27,8	44	72,2
30-39	37	34,9	9	24,3	28	75,7
40-49	6	5,6	1	16,7	5	83,3
50-59	2	1,9	0	0	2	100
Total	106	100	27	25,5	79	74,5

Disease duration of recurrent aphthous stomatitis in the patients participating in the study averaged 5.17 ± 0.38 years. 41 people suffered from RAS 1 to 3 years. In 38 patients, the disease duration ranged from 3.1 to 5 years, in 12 people, RAS was observed from 5.1 to 7 years, 15 patients suffered from the pathology under study for more than 7 years [Table 3].

Table 2: Distribution of patients with RAS by disease duration

Age	Patients		Men		Women	
	abs	%	abs	%	abs	%
1-3 years	41	38,7	14	34,1	27	65,9
3,1-5 years	38	35,8	9	23,7	29	76,3
5,1-7 years	12	11,3	0	0	12	100
7,1 and over	15	14,2	4	26,7	11	73,3

Among all examined in 14 men, the duration of the disease ranged from 1 year to 3 years, in 9 male patients from 3.1 years to 5 years, in 0% from 5.1 years to 7 years, 4 men surveyed had a history of RAS 7.1 years or more. In the group of patients with disease duration from 5.1 years to 7 years, no men were registered.

In 27 women, the course of RAS ranged from 1 year to 3 years, most of the women participating in the studies (29 people) suffered from aphthous stomatitis from 3.1 years to 5 years, in 12 patients the disease duration ranged from 5.1 years to 7 years, 11 women of RAS lasted 7.1 years or more.

The number of relapses in the history of patients under observation and having a diagnosis of recurrent aphthous stomatitis averaged 2.42 ± 0.22 times a year. In 50.9% of patients (54 people), the number of relapses was 1-2 times a year. Frequent manifestation (namely, 3-4 times per year) of RAS on the oral mucosa of the examined patients was observed in 43 people (40.6% of cases), and 9 patients had a relapse rate of 5 or more per year [Table 3].

Table 3: The distribution of patients with RAS by the frequency of relapses in history

Frequency	Patients		Men		Women	
	abs	%	abs	%	abs	%
1-2 times	54	50,9	13	24,1	41	75,9
3-4 times	43	40,6	12	27,9	31	72,1
5 and more	9	8,5	2	22,2	7	77,8

Among men, 13 people suffer from RAS 1-2 times a year, in 12 male patients the number of relapses was 3-4 times a year, 5 or more relapses were observed in 2 male patients.

In 41 women, the recurrence rate per year was 1-2 times, in 31 patients, 3-4 times per year, and 7 women had 5 or more recurrences per year in history.

Table 4: Localization of pathological elements in patients with RAS

Localization of pathological elements	Total patients		Men		Women	
	a&c	%	a&c	%	A&c	%
CO transitional folds of the lower jaw	29	27,4	7	24,1	22	75,9
CO upper, lower lips	23	21,6	6	26,1	17	73,9
Side surface, tongue tip	19	17,9	4	21,6	15	78,4
CO cheeks, floor of mouth	7	6,6	3	42,9	4	57,1
Mixed localization	28	26,5	7	25,0	21	75,0

[Table 4] reflects the diversity of the localization of pathological elements in patients with RAS. According to the table, aphthous and ulcerative pathological elements on the mucous membrane of the upper and lower lips, the transitional folds of the upper and lower jaws and the mixed localization of lesion elements are significantly more common in women compared to men ($p < 0.05$).

Among patients, both female and male, localization of aphthous elements on the transitional fold of the upper and lower jaw is significantly more common.

As can be seen from [Table 4], in 7 men and 22 women the pathological process was localized only in the mucous membrane of the transitional fold of the upper or lower jaw, in 17 women and 6 men aphthous elements were observed on the mucous membrane of the upper or lower lip, in 4 men and 15 women pathological elements were localized on the lateral surfaces or the tip of the tongue, lesions of the mucous membrane of the cheeks or the floor of the mouth were observed in 4 women and 3 men

CONCLUSION

Timely early diagnosis of RAS will not only completely cure the patient, avoid complications, but also revise the low effectiveness of traditional methods of treatment

The results of clinical and dental research will be used in clinical practice for the early diagnosis of RAS.

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